



REQUEST FOR VARIANCE FROM 326 IAC 4-1 MOTOR VEHICLE FIRE TRAINING

State Form 50337 (R/11-02)

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Indiana Department of Environmental Management Office of Air Quality - Air Compliance Branch

100 N. Senate Avenue

P.O. Box 6015

Indianapolis, IN 46206-6015

Phone: (317) 233-5672 or

1-800-451-6027 (Indiana Residents Only)

<http://www.IN.gov/idem/air/compliance>

NOTE:

- This is an application for open burning approval for fire training using motor vehicles to comply with 326 IAC 4-1. Complete and return this application to the Office of Air Quality address provided in the upper right hand side of the form or fax to 317-233-6865. In case of questions someone may be reached at 317-233-5672 or (in Indiana) 1-800-451-6027 press 0, and ask for extension 3-5672.
- You can fill out this form electronically, using your mouse and keyboard. Simply click inside of the number one (1. Name) field to begin, and advance to the next fields using the "tab" key on your keyboard, or by clicking in the field with your mouse.

FOR OFFICE USE ONLY

VARIANCE ID NUMBER

ASSIGNED TO

NOTE

► Please complete the following and return to the Office of Air Quality, Indiana Department of Environmental Management, P.O. Box 6015, Indianapolis, Indiana 46206-6015, 60 days prior to the proposed burning date. A list of names & addresses of all parties owning or renting property within 500 feet of the proposed burn site and of any other interested persons should accompany this application using State Form 49635 "Identification of Potentially Affected Persons"¹.

PART A: PERSON MAKING REQUEST

1. Name:	2. Title:	
3. Organization Name:		
4. Address:		
5. City:	6. State:	7. Zip:
8. Daytime Telephone: () -	9. Fax Number: () -	

PART B: PERSON, CONTRACTOR, OR DEPARTMENT CONDUCTING BURN

10. Name:	11. Title:	
12. Organization Name:		
13. Address:		
14. City:	15. State:	16. Zip:
17. Daytime Telephone: () -	18. Fax Number: () -	

PART C: PROJECT LOCATION

19. Site Name and/or Address (Street or 911 address or directions from known roads, streets, and intersection and which side of road):	
20. City:	21. County:
22. Is burn site located in an unincorporated area? <input type="checkbox"/> YES <input type="checkbox"/> NO	23. Is the burn site within 100 feet of a structure? <input type="checkbox"/> YES <input type="checkbox"/> NO
24. 100 feet of a power line? <input type="checkbox"/> YES <input type="checkbox"/> NO	25. 300 feet of a frequently traveled road? <input type="checkbox"/> YES <input type="checkbox"/> NO
26. 300 feet of a fuel storage area or pipeline? <input type="checkbox"/> YES <input type="checkbox"/> NO	

(Continued on page 2)

¹ Available from the IDEM Office of Air Quality or on the Internet at <http://www.in.gov/icpr/webfile/formsdiv/49635.pdf>

PART D: VEHICLE(S) TO BE BURNED

27. Specify the type and number of vehicle(s) to be burned:

- ☐ _____ Automobile ☐ _____ Pickup ☐ _____ Tractor trailer
☐ _____ Single axle straight truck ☐ _____ Tandem or tri-axle dump truck ☐ _____ Farm tractor
☐ _____ Other (Specify):

28. Will the vehicle(s) be stripped except for those materials necessary for fire training?

☐ YES ☐ NO*

*If NO explain:

29.	Vehicle Make	Vehicle Model	Vehicle Year	Please check any items that have or will be removed before the vehicle will be burned:			
a.				<input type="checkbox"/> Mercury switches ² <input type="checkbox"/> AC refrigerants <input type="checkbox"/> Differential fluid <input type="checkbox"/> Drive Shaft <input type="checkbox"/> Carpet or floor mats <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Brake Shoes (asbestos) <input type="checkbox"/> Radiator fluid <input type="checkbox"/> Shock absorbers <input type="checkbox"/> Transmission <input type="checkbox"/> Interior trim or plastics	<input type="checkbox"/> Tires <input type="checkbox"/> Oil pan <input type="checkbox"/> Engine <input type="checkbox"/> Battery <input type="checkbox"/> Seats	<input type="checkbox"/> Gas tank <input type="checkbox"/> Differential <input type="checkbox"/> Engine oil <input type="checkbox"/> Brake fluid <input type="checkbox"/> Dashboard
b.				<input type="checkbox"/> Mercury switches ² <input type="checkbox"/> AC refrigerants <input type="checkbox"/> Differential fluid <input type="checkbox"/> Drive Shaft <input type="checkbox"/> Carpet or floor mats <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Brake Shoes (asbestos) <input type="checkbox"/> Radiator fluid <input type="checkbox"/> Shock absorbers <input type="checkbox"/> Transmission <input type="checkbox"/> Interior trim or plastics	<input type="checkbox"/> Tires <input type="checkbox"/> Oil pan <input type="checkbox"/> Engine <input type="checkbox"/> Battery <input type="checkbox"/> Seats	<input type="checkbox"/> Gas tank <input type="checkbox"/> Differential <input type="checkbox"/> Engine oil <input type="checkbox"/> Brake fluid <input type="checkbox"/> Dashboard

30. Additional Comments:

PART E: PURPOSE FOR BURNING AND TRAINING ISSUES

31. Please check the purpose of burning:

- ☐ Arson investigation
☐ Firefighter training
☐ Other (specify)

32. Number of individuals to be trained:

33. Type of fire fighting equipment to be used:

34. What methods will be used to control spillage for prevention of soil or groundwater contamination?

35. What method of waste disposal will be used for items removed prior to burning and for the remainder of the vehicle after burning is complete?

36. Names of other departments participating:

PART F: PROJECTED BURNING INFORMATION

37.	Projected burning date:	Total hours of burning time:
a.		
b.		
c.		

PART G: SIGNATURE

I hereby certify that the information above is accurate to the best of my knowledge.

Signature _____

Date (mm/dd/year) _____

Type or print name _____

Title _____

²Web sites for mercury information are:

Removal www.epa.gov/region5/air/mercury/autoswitch.htm and
 Disposal www.in.gov/idem/oppta/recycling/swmd/contact